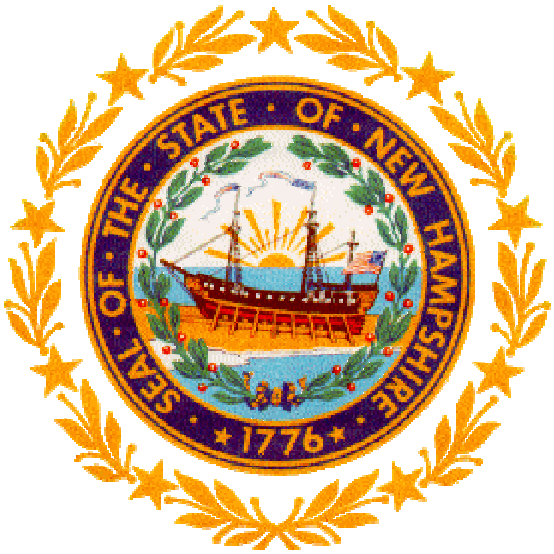

New Hampshire

Balancing Incentive Program

Community Forum Report

June 2012

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BACKGROUND

The New Hampshire Department of Health and Human Services (NH DHHS) is participating in the federal Balancing Incentive Program (BIP) to further develop the systems of community-based care that serve individuals with behavioral health needs, physical and/or intellectual disabilities, and the frail elderly. The goal of the program is to rebalance Medicaid long-term care spending so that at least half is spent for home and community-based services and supports, and no more than half for institutional care. BIP provides financial incentives for this purpose.

New Hampshire is eligible to participate in this grant opportunity because, as of December 2009, the state spent more on institutional care than on community-based long-term supports and services (LTSS). Currently, less than half of NH Medicaid's long-term care funds go to home and community-based care. To meet BIP objectives, NH is proposing to build upon the strengths of and existing partnerships with Area Agencies, Community Mental Health Centers, and ServiceLink Resource Centers in order to increase access to and improve the current system of community-based LTSS.

The Balancing Incentive Program was designed to enhance this system through the development of three main objectives. The objectives are the creation of a "no wrong door" single entry process, a core standardized assessment, and a system of conflict-free case management. To gather consumer and provider perspectives on how to further these goals DHHS held a series of four community forums across the state during the month of June 2012.

The BIP Community Forums were held in the cities of Berlin, Portsmouth, Nashua, and Plymouth. During the two-hour DHHS-facilitated sessions, participants received an introduction to BIP. Participants were asked a series of questions designed to bring forth their ideas on how to build a better system of care for children and adults by utilizing community-based LTSS. Participants were also encouraged to remark on the effectiveness of current service delivery models and to offer ideas on how to meet the BIP objectives. The sessions concluded with an open comment period.

NH DHHS appreciates all who participated in these forums. The comments, ideas and concerns expressed during the forums will be carefully considered as all BIP-related initiatives move forward.

SUMMARY

The forums consisted of four two-hour sessions held from 1:00 to 3:00 in the afternoon. The meetings were open to the general public. DHHS-maintained long-term care email stakeholder lists were utilized to invite consumers and providers to the sessions. Several DHHS staff members representing program areas involved in long-term care were also present at each location.

ATTENDANCE

The Berlin session took place on Wednesday, June 13, 2012 at the White Mountain Community College. Approximately 21 members of the public attended. Attendees included representatives from Area Agencies, Community Mental Health Centers, ServiceLink Resource Centers, several providers, a nursing facility and a hospital. There were no self-identified consumers in attendance.

The Portsmouth session took place on Thursday, June 14, 2012 at the Community Campus. Approximately 23 members of the public attended. Attendees included representatives from Area Agencies, ServiceLink Resource Centers, several providers, and two nursing facilities. There was one self-identified consumer in attendance.

The Nashua session took place on Wednesday, June 20, 2012 at the City Hall Auditorium. Approximately 31 members of the public attended. Attendees included representatives from Area Agencies, Community Mental Health Centers, ServiceLink Resource Centers, Granite State Independent Living, and several providers. There were three self-identified consumers in attendance.

The Plymouth session took place on Thursday, June 21, 2012 at Plymouth State University. Approximately 27 members of the public attended. Attendees included representatives from Area Agencies, Community Mental Health Centers, ServiceLink Resource Centers, several providers, a nursing facility and a hospital. There were no self-identified consumers in attendance.

DISCUSSION

The discussion portion of each session was framed around the following questions:

FOR CONSUMERS:

If you are an individual or family member who accessed nursing home or other institutional care:

> What are the top three things that could have helped to keep you in your home and community?

What recommendations do you have to improve the availability of information (specifically Medicaid applications, application status, and services access)?

What services and supports allowed you or would allow your family member to return to the community?

FOR PROVIDERS:

What role can you play in improving assistance to individuals who are applying for Medicaid and long term supports and services in the community?

How can you partner with New Hampshire to meet the BIP objectives?

Funding ideas for meeting BIP major objectives?

GENERAL THEMES THAT EMERGED

The present eligibility and application system for Medicaid long-term care services is confusing, fragmented, and overwhelming for consumers and providers.

There are a number of gaps, needs and obstacles in the current long-term care system that need to be corrected.

A streamlined application and enrollment process for Medicaid long-term care services would be a welcomed and beneficial change. Such a process would be built around a single eligibility coordinator guiding an individual from the application process through receipt of services.

There is a need for improved information and access to community LTSS. A fast, user-friendly, central technology system would be helpful to individuals and families who are trying to access and receive information about community LTSS options, download applications and other forms, and schedule appointments.

Any technology-based system that is developed should be complemented by a system that can be easily accessed through staff and does not require the use of a computer, as many in the community who need services are not computer literate.

Any systems that are instituted should be sustainable.

SYNOPSIS OF ATTENDEE OBSERVATIONS

BERLIN FORUM:

Any eligibility coordinator position that is created should be sustainable. The eligibility coordinator position could be developed using the ServiceLink Resource Center model and training.

It would be helpful if families who are receiving different types of aid could be assigned the same eligibility coordinator. Any system put in place should be able to identify all of the services that consumers and their family members are eligible for.

The eligibility coordinator position should be able to help consumers link into non-Medicaid services as well as Medicaid services. The ServiceLink Resource Center model currently does this.

If there are too many competing services in an area it is confusing and overwhelming for the consumer. Consumers need choice in picking providers, but too many choices can be disorienting.

A more robust IT system is needed. The new system should process work faster (financial eligibility) and include Medicaid and non-Medicaid services. The system should be comprehensive and user friendly to individuals and families. If the initial IT system invested in is not robust enough the whole system will fail.

The present long-term care application and enrollment system takes too long to complete. Although improvements have been made, there remain problems and frustrations in both the medical and financial eligibility processes. Support in this area, such as a knowledgeable person to return telephone calls, would greatly help.

Caregivers are what most often keep people in the community. The BIP grant should find a way to support caregivers.

It is often difficult to transition an individual from an acute, skilled, or rehabilitation facility to a home setting. A lack of systems and supports in this area often results in individuals who wish to go home being placed in a nursing facility. Once placed in a facility it is costly, difficult, and time consuming to transition back to a community setting.

NH needs a mental health Community Care Waiver program so that people with mental health needs can receive home and community based care. People are living longer and have different needs. DHHS should look at a mental health waiver program to compliment the goals of this initiative. Assessment tools should be standardized and follow a structured decision making model.

The LTSS system should be trying to identify people who need support services earlier, before they reach the Medicaid eligibility threshold and it is more difficult and costly to assist people to remain in the community. There is a large group of people just above the poverty level who will eventually end up in nursing homes without preventive care and supports. The LTSS system should enlist the aid of non-traditional supports (fire/police) to help in the system.

There are a large number of needs in the North Country community that are consistently unmet. It is difficult to transition people to the community when there are no services in the area to keep people at home (such as overnight care).

Medicaid in/out is detrimental to keeping people at home. Agencies spend high amounts of resources managing the in/out system. Any BIP improvements should be more cost effective.

A lack of transportation is a huge problem in the North Country. Medicaid in/out worsens this problem. Agencies are facing a huge unmet need with constant barriers (financial and paperwork). State, federal and fundraising income is not covering the cost of transportation and agencies are losing money.

Tele-health and other technology can be a good tool in keeping individuals healthy and in the community, but these services are not always reimbursable. However, some individuals who require LTSS do not do well with phone interaction. Any system put in place should include in-home services for those who require it.

The North Country is different from other regions of the state. Geographical flexibility should be built into any BIP programs.

Any system put in place should be more person-centered with as much personal control over any eligible funds as possible.

Portsmouth Forum:

The present Medicaid application system is confusing and complicated. It is very difficult to contact a Family Services Specialist and clients get "lost." BIP funds should be used in preparing individuals to navigate this system. The process needs to be more understandable. ServiceLink helps to get individuals and families organized before they go to DFA.

DHHS needs to work to ensure forms are readable and families understand what is required of them. Families often leave the Medicaid appointment and do not know what is required of them. Need to work on ways to increase client success in navigating the system.

Any IT system put in place should allow greater access to the public in examining where the individual is in the application process. The state needs to increase the coordination of the sharing of information. A more powerful IT system would increase electronic sharing and accessibility of information, and eliminate duplication. DHHS should investigate the use of Google documents and utilizing NH EASY.

Websites and interactive technology are good for some people, but not all. There are developmental, cognitive, and generational barriers that keep people from accessing technology. Information must also be available with face-to-face interaction (such as a resource center drop-in) for application and ongoing services. The BIP grant should develop multiple access points and mechanisms for conveying information.

Communication and informational tools will need to be developed so that the public understands the concept of, and how to use, the single entry point system.

The BIP grant should look at enhancing the infrastructure currently in place that is working well. The ServiceLink Resource Centers are skilled at sharing information with consumers and providers.

Case management team meetings are helpful in keeping people in the community; however, these meetings are only reimbursable when the client is in crisis. The reimbursement system should be changed to be more supportive of team meetings. This would help to keep people in the community.

It is not fair of DHHS to ask agencies to come up with BIP funding ideas when agencies are already in competition for funding ideas.

Any literature DHHS puts out should include "supportive," and not "punitive" language. The message should be that the changes being put in place are to make the system easier to navigate and not to cut costs.

Nashua Forum:

Long term supports and services are not easy to apply for. There are many forms and the application(s) are very confusing. To apply the individual must go several different places. There is duplication in the application process. Applicants feel "swamped." There is often conflicting information from DHHS about what is required. Staff is "not all on the same page" and this can be very upsetting for clients who are not sure what information is accurate.

During the application process Family Services Specialists do not always return client calls. Applicants do not have enough access to staff or needed information. Improved communication will be very helpful. There should be a simple phone system (where the public does not have to hit ten buttons).

Many DHHS letters are indecipherable and confusing to the public. Should be written in clear language (for example the spend down letter).

Any infrastructure that goes into effect should be sustainable after the life of the BIP grant. The array of home care services in the community is not well known. Consumers should be aware there are more choices for the community.

The coverage gap between Medicare and Medicaid is a problem in getting the skilled care population back into the community. Medicaid cannot take effect until Medicare expires. Individuals who require 24-hour care or services at night also face other barriers to community living.

One informational improvement would be if providers/public could have access to the SLRC and 211 system databases.

From a facility perspective the application is convoluted and there is little support to help gather the needed documentation. A community liaison would be helpful. At present facilities are doing all the work and making all the calls to complete an application. A "go-between" to help navigate the Medicare/Medicaid application process is needed.

Keeping people out of nursing facilities has been a focus of DHHS for some time. In spite of this, some rules that have gotten stricter (ex. non-medical transportation). The BIP grant is an opportunity to look at additional needs that the individual does not have in a nursing facility, but does have in the community, and to re-write rules with a whole person perspective.

The pay in the home care industry is too low. It is not livable and families cannot afford to make up the difference. Also, there are many risks associated with the job and few supports. The state should look at how much workers are compensated. The tools are not there to provide services because the work force does not exist and there is little training.

Many people in nursing facilities are higher acuity than those in the community. The grant should work on improving the affordability of living in the community, particularly housing. This is especially true for people coming out of nursing facilities.

To maintain individuals in the community there needs to be a mechanism for flexible and easy access to dollars. For instance, when an individual needs an air conditioner, a shower chair, or a shovel for a driveway there should be a way of obtaining the item without going through a long set of approvals (a PT assessment for a walker can take up to 6 weeks). There should be a flexible fund for commonly needed items that take a long time to get.

To obtain community-based services Medicaid is generally needed. There should be some flexibility to use funds outside of Medicaid's eligibility criteria and scope of services to target those individuals living on the borderline of community and institutional care.

It is recommended that we consider doing a similar program for children. DHHS should invest in ways to keep children in the community and prevent hospital placements. One way to do this is to invest in peer support agencies.

BIP funds should be spent to educate families on trust funds – even some lawyers do not know what they are doing. This is why it takes so long to qualify people when trusts are involved.

Adult day services provide a needed service for keeping individuals in the community, but are not supported. When St. Joseph's Adult Day Service shut down it was a big loss to community. Other day services are shutting down across the state at an alarming rate. A big issue for many families is that they do not meet Medicaid income levels and cannot afford adult day, assisted living, or other needed services. There was a suggestion for adult day programs to partner with peer support groups.

There are some issues that are actually increasing costs in DHHS' current system. Changes in approval/reimbursement systems are cutting down on work for access ramp builders. One ramp builder has reported that he is no longer getting any "business" from the CFI program. There are not many people who build ramps and we may be setting up a situation where saving on a ramp will devolve into greater costs in the future. This applies to other areas as well (such as recent changes to the DME application process).

Transportation under Medicaid system is a problem.

One way to cut costs is to leverage and expand resources currently in use. Nursing facilities have large facilities and staffs. These institutions could be used to partner with other services.

Nursing facilities are now required to ask residents if they want to go home. Many people do, but there are inadequate resources to make this happen, especially in the area of mental health. There are not enough supports to get people back to the community.

BIP funds should be used to educate physicians that homecare is not able to care for a client 24/7. To be successful families need private funds to make up the difference.

The Community Passport program is not timely. It takes 3 or 4 months to process an application and a lot of resources. Individuals must be the nursing facility 3 months before they can access Passport. Once in Passport it takes 2 more months to get services. People don't want to wait 6-12 months to go home. The process is too hard and too long. The process needs a system that better tracks progress and improves communications.

A general information newsletter from DHHS would help to improve communications with stakeholders. The State of Michigan publishes one. Rumors, innuendo and non-facts are running rampant and people around the state are "frazzled."

DHHS should try to remove the requirement in state rule that requires agencies to be Medicare and Medicaid approved in order to provide services for children. Families with chronically sick children do not have enough resources. Agencies can provide CFI services without Medicare, but to treat children (Katie Beckett) agencies must be Medicaid and Medicare approved. This means there are fewer licensed home care agencies that can provide services to children because so many are not Medicare certified. Changing the rule would mean families can have more choice.

Plymouth Forum:

Any system created should be sustainable after the BIP grant ends.

The idea for the eligibility coordinator is good, but people need to get the services they need at a price they can afford. Any system put in place must be affordable. Medicaid services can be frustrating to navigate. DHHS needs to improve programmatic materials so that they are readable for the consumer. Consumers need reliable understandable information about the services that are available.

Present websites/IT capabilities need to be improved for self-navigating. Any new systems should also have built in face-to-face staff support for those unable to effectively utilize computer technology. Any new technological advances should try to increase information sharing between providers/agencies.

Any programs created should work on strengthening natural supports in the community and bringing in others into the system such as physicians doing home care visits. We need to build upon existing partnerships.

Affordable housing is an issue. Individuals cannot afford rents. These people end up ill and using more services and costly nursing facility care.

There is a need to strengthen the home care work force in terms of pay and training. Most individuals would rather be cared for by their family than to live in an institution. Family members should be trained and incorporated into the home care work force.

There is a Medicaid gap for individuals who do not need care 24/7, but who do require assistance with living. More programs/supports need to be put in place for this population.

DHHS should examine the Minnesota senior health project. This program actively identifies individuals who have been placed in a nursing facility and interviews them within 9-15 days to discuss going home.

The present Medicaid system is disjointed and does not focus on the whole person. BIP funds should be used to integrate funding sources, simplify the system and let individuals choose. Individuals should be able to access the entire continuum of care in one location. Individuals should be able to age in one community and have access to easy transportation.

The counties and local communities should do more to work together to provide services. It is in the county's best interest to keep individuals in the community.

DHHS should repeal the cap on CFI dollars for keeping individuals in the community. The DD waiver could not turn away "difficult" people so the bureau learned how to support people with big problems. The cap takes away the incentive to improve the continuum of care.

DHHS underutilizes senior centers. Senior centers have staff and facilities that are ignored by the system. These could be utilized as daycares and for other uses. A lot could be done with a little bit of funding and an examination of other barriers (licensing).

Many agencies run on volunteers. BIP money should be spent to hire someone to organize and run a sustainable volunteer structure.

BIP money should be used to hire a firm to develop any needed informational materials for the elderly. The literature should be designed to catch the older population's attention.

DHHS needs to streamline and simplify the billing processes. At present agencies must bill differently for different Medicaid services.

BIP money should be used to better advertise the ServiceLink Resource Centers. The SLRC Network serves as the aging and disability resource center in NH and this is not generally recognized. BIP funds should be used to leverage what already exists.

FURTHER INFORMATION

Further information on the Balancing Incentive Program can be found at:
http://www.dhhs.nh.gov/dcbcs/bip/bip.htm

Additional comments or questions can be emailed to NHBIP@dhhs.state.nh.us.
Please note this corrected email address. There was an error in the email address provided at the Community Forums.